

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

31203

1. PLACE OF DEATH

County Knox Registration District No. 1429
 Township Center Primary Registration District No. 5602
 City Edina, Mo. (No. _____) St. _____ Ward _____

File No. _____
 Registered No. _____

2. FULL NAME Wilma Lucille Shahan

(a) Residence No. _____ St. _____ Ward _____
 (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 12-16-1921

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
8 8 23

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work school girl
 (b) General nature of industry, business, or establishment in which employed (or employer) _____
 (c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Edina
 (STATE OR COUNTRY) Mo.

10. NAME OF FATHER Clyde Shahan

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Hurdland
 (STATE OR COUNTRY) Mo.

12. MAIDEN NAME OF MOTHER Clara Whitmire

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Edina
 (STATE OR COUNTRY) Mo.

14. INFORMANT Clyde Shahan
 (Address) Edina, Missouri

15. FILED 27 19 27 Mattie Crowder
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept. 8, 1929

I HEREBY CERTIFY, That I attended deceased from Sept 2, 1929 to Sept 8, 1929
 that I last saw her alive on Sept 8, 1929, and that death occurred, on the date stated above, at 2:00 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Hip joint disease
(Probably Tubercular)
17 B
17 A (duration) yrs. mos. 10 ds.
 CONTRIBUTORY Menigitis
 (SECONDARY) (duration) yrs. mos. 1 ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? No. DATE OF _____

WAS THERE AN AUTOPSY? No.

WHAT TEST CONFIRMED DIAGNOSIS? Clinical history & examination

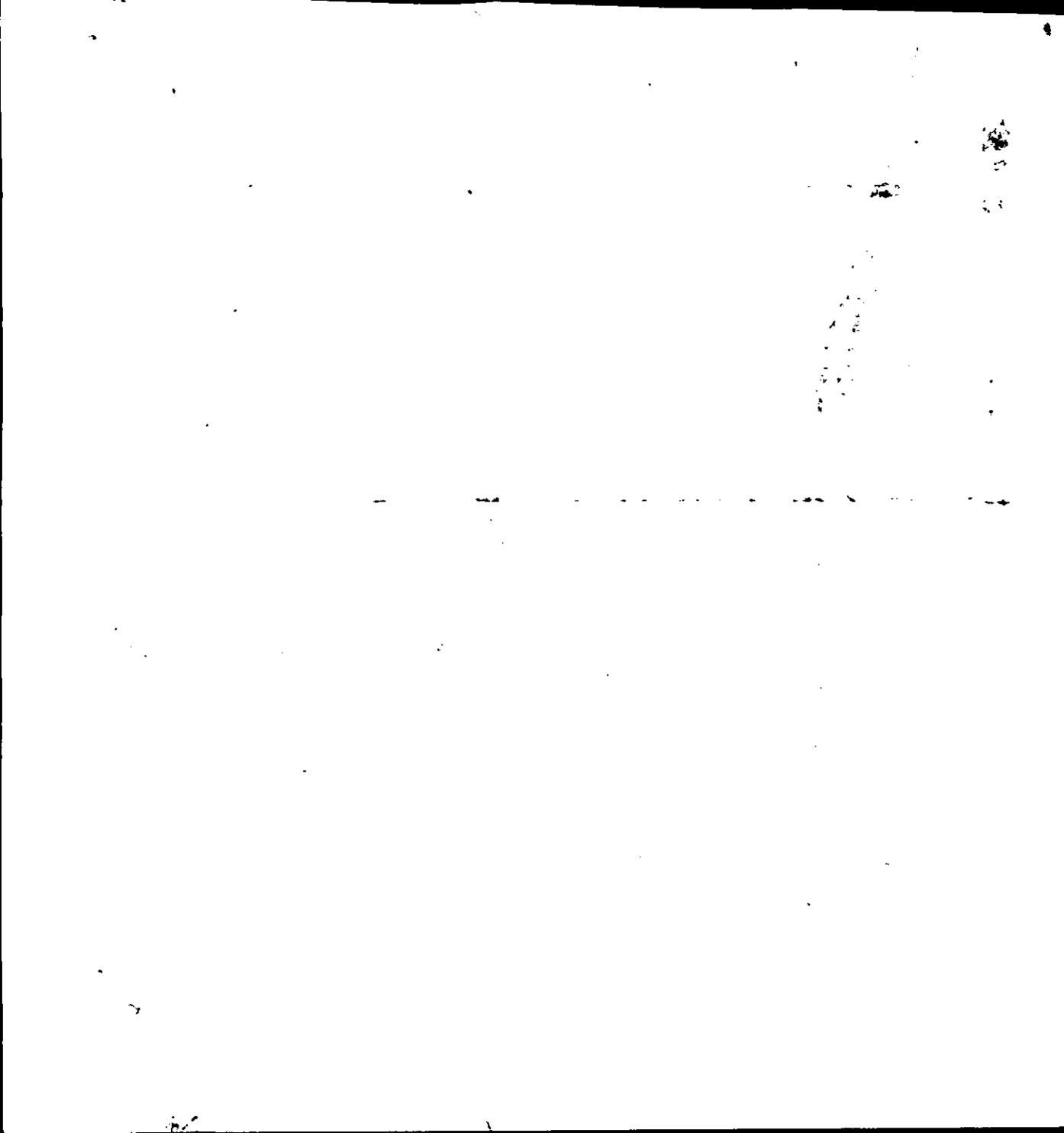
(Signed) W. R. Landfester, D.O.

, 19 (Address) Edina, Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Mt. Carmel DATE OF BURIAL 9-9-1929

20. UNDERTAKER J. W. Hudson ADDRESS Edina, Mo.



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CERTIFICATE OF DEATH**

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Monroe Registration District No. 241 File No. _____
 Township _____ Primary Registration District No. 3002 Registered No. 19
 City Edina (No. 4259 St. _____ Ward)

2. FULL NAME

Wilma Lucille Shahan
 (a) Residence. No. _____ St. _____ Ward. _____
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED S
(write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 12-16-1921

7. AGE 7 YEARS MONTHS 8 DAYS 22
 If LESS than 1 day, _____ hrs. or _____ min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work School girl
 (b) General nature of industry, business, or establishment in which employed (or employer) _____
 (c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Edina
 (STATE OR COUNTRY) Mo

10. NAME OF FATHER Clyde Shahan

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Quindland
 (STATE OR COUNTRY) Mo

12. MAIDEN NAME OF MOTHER Edna Whitmire

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Edina
 (STATE OR COUNTRY) Mo

14. INFORMANT Clyde Shahan
 (Address) Edina Mo

15. FILED 12 19 29 Scott Brown REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 8 1929

17. I HEREBY CERTIFY that I attended deceased from Sept 2 to Sept 8 1929
 that I last saw her alive on Sept 8 1929 and that death occurred, on the date stated above, at 2:00 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

High spinal disease
possibly tuberculosis
 (duration) _____ yrs. _____ mos. 10 ds.

CONTRIBUTORY (SECONDARY) meningitis
 (duration) _____ yrs. _____ mos. 1 ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS Clinical history & Examination
 (Signed) W.L. Landfather M.D.
 . 19 (Address) Edina Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Int Carmel DATE OF BURIAL 9-9 29

20. UNDERTAKER G.W. Hudson ADDRESS Edina Mo

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

SUPPLEMENTARY

S-41203